



2001712

Attorney's Docket No. 3693-011332 (ICC-236)

TRANSMITTAL LETTER

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Serial No.: 09/885,269 Filing Date: September 15, 2000
Examiner: Michael J. Feely Group Art Unit: 1712
Invention: Reworkable Compositions Incorporating Episulfide Resins

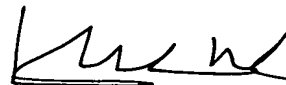
Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small Entity Status is/has been asserted for this application under 37 CFR 1.27.
☐ A verified statement to establish small entity status under 37 CFR 1.27 is enclosed.
☐ No additional fee is required.
☒ The fee has been calculated as shown below:

No. of Claims After Amendment	Highest No. Previously Paid For	Present Extra	Small Entity Rate	Non-Small Entity Rate	Charge
Total <u>18</u>	<u>26</u>	<u>0</u>	x \$ 25.00	x \$ 50.00	\$ <u> </u>
Indep. <u>4</u>	<u>3</u>	<u>1</u>	x \$100.00	x \$200.00	\$ <u>200.00</u>
First Presentation of Multiple Dependent Claim/s			+ \$180.00	+ \$360.00	\$ <u> </u>
TOTAL ADDITIONAL FEE					\$ <u>200.00</u>

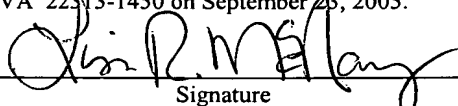
- ☒ A check in the amount of \$ 200.00 is enclosed to cover the additional fee.
☐ A check in the amount of \$ is enclosed for a -month Petition for Extension of Time.
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication to Deposit Account No. 23-0650. Please refund any overpayment to Deposit Account No. 23-0650. An original and two copies of this sheet are enclosed.
☒ Any additional filing fees required under 37 CFR 1.16.
☒ Any patent application processing fees under 37 CFR 1.17.

September 23, 2005
Date

By 
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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 23, 2005.

09/23/2005
Date


Signature

Lisa R. McNany
Typed Name of Person Signing Certificate

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Filed pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL

SEP 26 2005

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

Complete if Known

Application Number	09/885,269
Filing Date	September 15, 2000
First Named Inventor	Lawrence N. Crane
Examiner Name	Michael J. Feely
Art Unit	1712
Attorney Docket No.	3693-011332 (ICC-236)

TOTAL AMOUNT OF PAYMENT (\$) 200.00**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
18	- 20 or HP =	x	=

HP = highest number of total claims paid for, if greater than 20

Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP =	1 x 200.00	= 200.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof.

See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

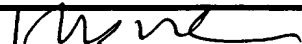
4. OTHER FEE(S)**Fees Paid (\$)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature

Registration No. 37,891
(Attorney/Agent)

Telephone

412-471-8815

Name (Print/Type)

Kirk M. Miles

Date

September 23, 2005

Application No. 09/885,269
Response dated September 23, 2005
Reply to Office Action dated June 29, 2005
Attorney Docket No. 3693-011332 (ICC-236)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/885,269 Confirmation No. 3407
Applicants : Lawrence N. Crane
Filed : September 15, 2000
Title : Reworkable Compositions Incorporating Episulfide
Resins
Art Unit : 1712
Examiner : Michael J. Feely
Docket No. : 3693-011332 (ICC-236)
Customer No. : 28289

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

Applicant submits the following remarks in response to the Office Action of June 29, 2005. In view of the following amendments and remarks, reconsideration is respectfully requested.

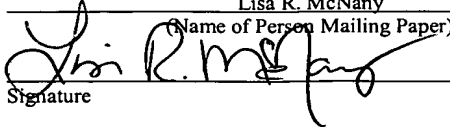
Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper.

Remarks begin on page 16 of this paper.

09/27/2005 SFELEKE1 00000037 09885269

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200.00 OP

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 23, 2005.	
Lisa R. McNany	
(Name of Person Mailing Paper)	
	09/23/05
Signature	Date